



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/619,268 Confirmation No. 6328
Applicant : Charles Q. Meng
Filed : July 14, 2003
T.C./A.U. : 1621
Examiner : Karl J. Puttlitz

Docket No. : 04676.105081 (ATH123)
Customer No. : 20786

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

December 20, 2004

COMMENTS ON STATEMENT OF REASON FOR ALLOWANCE

Sir:

Applicants confirm election of Group I in response to the restriction requirement enclosed in the Statement of Reason for Allowance sent on September 29, 2004. Applicants note that the Examiner has rejoined the method claims of Group II, and has canceled claims 30-43 and 70-90.

The Examiner has also required certain claim amendments, specifically replacing the phrase "treatment of a disorder mediated by" with "inhibiting expression of" in claims directed to methods of modulating VCAM-1. The Examiner cites claims 57, 67, and 93. Please note that claim 67 is a compound claim and that it appears that the Examiner intended to amend claim 65, not claim 67.

Respectfully submitted,

Sherry M. Knowles, Esq.
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CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this Transmittal of Issue Fee, Amendment and any papers referred to as being attached or enclosed, is being deposited with the United States Postal Service on the date shown below with sufficient postage for first-class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Susanne Hollinger

Date: December 20, 2004
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ISSUE FEE TRANSMITTAL

Sir:

Applicants enclose the PTOL-85B Issue Fee Transmittal Form and payment of the issue fee in the above-referenced application. Applicants believe that the issue fee is \$700.00, the publication fee is \$300.00, and the advanced order fee for fifteen extra copies of the issued patent is \$45.00 (15 x \$3.00). Enclosed is a check for \$1,045.00. Applicants also enclose a comment on the Statement of Reason for Allowance. The Commissioner is authorized to charge any deficiency or credit any overpayment to Deposit Account No. 11-0980.

Respectfully submitted,

A handwritten signature in cursive ink, appearing to read "Sherry Knowles".

Sherry M. Knowles, Esq.
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